

COMMANDERS SUSPECTED SUICIDE EVENT REPORT For use of this form, see PAM 600-24; the proponent agency is DCS, G-1.		<input type="checkbox"/> Initial	<input type="checkbox"/> Final																													
Line 1	Date time group (DTG) report:																															
Line 2	Name (<i>Last, First, MI</i>):																															
Line 3	DTG of death: DTG and location of incident <input type="checkbox"/> On-Post <input type="checkbox"/> Off-Post Date: Address:																															
Line 4	Rank:																															
Line 5	MOS:																															
Line 6	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Time in service: (Years/Months)</td> <td style="width: 10%;">Years:</td> <td style="width: 10%;">Months:</td> <td style="width: 50%;">Prior service? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Previous break in service?</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> </tr> <tr> <td colspan="2">- If yes, specify the dates:</td> <td colspan="2">- If yes, specify the dates:</td> </tr> <tr> <td>From:</td> <td>To:</td> <td>From:</td> <td>To:</td> </tr> </table>			Time in service: (Years/Months)	Years:	Months:	Prior service? <input type="checkbox"/> Yes <input type="checkbox"/> No	Previous break in service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		- If yes, specify the dates:		- If yes, specify the dates:		From:	To:	From:	To:													
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- If yes, specify the dates:		- If yes, specify the dates:																														
From:	To:	From:	To:																													
Line 7	DOB: Age:																															
Line 8	Marital/Significant other relationship and status: (check all that apply) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Never Married</td> <td><input type="checkbox"/> Legally Separated</td> <td><input type="checkbox"/> Divorce Pending</td> </tr> <tr> <td><input type="checkbox"/> Married - Number of Years</td> <td><input type="checkbox"/> Divorced - Date of Divorce</td> <td><input type="checkbox"/> Significant Other</td> </tr> <tr> <td><input type="checkbox"/> Number of Times Married</td> <td colspan="2"></td> </tr> </table>			<input type="checkbox"/> Never Married	<input type="checkbox"/> Legally Separated	<input type="checkbox"/> Divorce Pending	<input type="checkbox"/> Married - Number of Years	<input type="checkbox"/> Divorced - Date of Divorce	<input type="checkbox"/> Significant Other	<input type="checkbox"/> Number of Times Married																						
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Line 9	Family Members (List name, address, and relationship of spouse/significant other, children, mother, father, sister(s), brother(s)): <div style="border: 1px solid black; padding: 5px; min-height: 200px;"> <input type="checkbox"/> Dual Military <input type="checkbox"/> Single Parent. List sex and age of all children: <input type="checkbox"/> Significant Health Issues for Family Member(s). List member(s) name and issue(s) for each: <input type="checkbox"/> Significant Legal Issues for Family Member(s). (e.g., impending bankruptcy, divorce or child custody proceeding). If checked, identify member(s) and issue(s) for each: <input type="checkbox"/> Significant Disputes Among Family Member(s) or Significant Other. Identify member(s) dispute(s) for each: <input type="checkbox"/> Family History of Suicide Attempts/Completions If checked, identify member(s), date(s) and how: </div>																															
Line 10	Living arrangements at time of incident: (check all that apply). If both are selected additional comments are required. <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> On-Post</td> <td><input type="checkbox"/> Off-Post</td> <td>Explain:</td> </tr> <tr> <td><input type="checkbox"/> Barracks</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Family Housing</td> <td colspan="2"></td> </tr> </table> Identify additional living arrangements conditions: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Living Alone</td> <td><input type="checkbox"/> Family Member</td> <td><input type="checkbox"/> Roommate</td> <td><input type="checkbox"/> Other (Explain):</td> </tr> <tr> <td><input type="checkbox"/> Living with Someone</td> <td><input type="checkbox"/> Friend</td> <td><input type="checkbox"/> Significant Other</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Homeless</td> <td><input type="checkbox"/> Car</td> <td><input type="checkbox"/> Street</td> <td><input type="checkbox"/> Shelter</td> </tr> <tr> <td><input type="checkbox"/> Geographically Separated</td> <td><input type="checkbox"/> Voluntary</td> <td><input type="checkbox"/> Involuntary</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other (Explain):</td> <td colspan="3"></td> </tr> </table> If on-post, are emergency access procedures in place? <input type="checkbox"/> Yes <input type="checkbox"/> No If applicable, briefly describe the emergency access procedures:			<input type="checkbox"/> On-Post	<input type="checkbox"/> Off-Post	Explain:	<input type="checkbox"/> Barracks			<input type="checkbox"/> Family Housing			<input type="checkbox"/> Living Alone	<input type="checkbox"/> Family Member	<input type="checkbox"/> Roommate	<input type="checkbox"/> Other (Explain):	<input type="checkbox"/> Living with Someone	<input type="checkbox"/> Friend	<input type="checkbox"/> Significant Other		<input type="checkbox"/> Homeless	<input type="checkbox"/> Car	<input type="checkbox"/> Street	<input type="checkbox"/> Shelter	<input type="checkbox"/> Geographically Separated	<input type="checkbox"/> Voluntary	<input type="checkbox"/> Involuntary		<input type="checkbox"/> Other (Explain):			
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Line 11	Education: (Indicate highest level completed) <input type="checkbox"/> GED <input type="checkbox"/> Some College Classes <input type="checkbox"/> Four Year College Degree <input type="checkbox"/> Doctoral Degree <input type="checkbox"/> High School Diploma <input type="checkbox"/> Two Year College Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Currently Enrolled in School			
Line 12	Unit and duty status Unit of assignment and location Assigned duty location and position on date of event Duty status at time of event: (check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> AD <input type="checkbox"/> ADT <input type="checkbox"/> IDT <input type="checkbox"/> AGR <input type="checkbox"/> Mobilized Guard or Reserve </div> <div> <input type="checkbox"/> Trainee (Basic Training or AIT/WOCS/OBC) <input type="checkbox"/> Released from Active Duty Within Last 120 Days <input type="checkbox"/> Scheduled for Release from Active Duty Within 120 Days <input type="checkbox"/> Retired Guard or Reserve not on AD or Drill Status <input type="checkbox"/> Hospitalized </div> <div> <input type="checkbox"/> Leave <input type="checkbox"/> TDY <input type="checkbox"/> Deployed <input type="checkbox"/> AWOL </div> </div> Drill status: <input type="checkbox"/> TPU <input type="checkbox"/> Active with Regular Participation <input type="checkbox"/> Not Participating Outreach: <input type="checkbox"/> Yes <input type="checkbox"/> No Dates: _____ Method: _____			
Line 13	Arrival date to current unit: _____			
Line 14	Status of unit at time of incident: <input type="checkbox"/> Deployed Date: _____ <input type="checkbox"/> Redeployed Date: _____ <input type="checkbox"/> Pending Deployment Date: _____			
Line 15	Individual deployment history <input type="checkbox"/> Pending Deployed Date: _____ <input type="checkbox"/> Direct Combat <input type="checkbox"/> Number of Deployments _____ List location(s)/date(s) of deployment(s)			
Line 16	PCS/leave issues Date of last PCS: _____ Location From: _____ To: _____ <input type="checkbox"/> Stressors During PCS Move Explain (financial/family/medical): _____ <input type="checkbox"/> Recent Non-Emergency Leave/Pass Date: _____ Purpose: <input type="checkbox"/> Pleasure (i.e., vacation, visit family) <input type="checkbox"/> Other (i.e., attend to sick family member) Explain: _____ <input type="checkbox"/> Recent Emergency Leave Date: _____ Emergency Leave Purpose: <input type="checkbox"/> Any Leave Disapproved Within the Last <input type="checkbox"/> 48 Hours <input type="checkbox"/> Past Week <input type="checkbox"/> Past Month Briefly Explain: _____			
Line 17	Identify Suicide Prevention Training received within the last 12 months: _____ Date: _____ Identify Resiliency Training received within the last 12 months: _____ Date: _____ Identify Army Physical Fitness Training (APFT) received within the last 12 months: _____ Date: _____ APFT Score: _____ <input type="checkbox"/> Pass <input type="checkbox"/> Fail			
Line 18	<input type="checkbox"/> Prior Self-Injury Events: (ideations, attempts, overdose, cutting, etc.). Number of events: _____			
Line 19	<input type="checkbox"/> Does Suicide Date Coincide With Other Anniversary Dates (i.e., suicide or deaths of relatives, divorce, birthdays, separation, etc)? If yes, provide details: _____			

Line 20	<input type="checkbox"/> Drug Involvement Related to Incident Drug type (if known) and known details: <input type="checkbox"/> Alcohol Involvement Related to Incident Provide details: (i.e., bottles/pills found at scene/witness reports, etc.)
Line 21	Details of suspected suicide event, including suspected method of death: (i.e., hanging, drowning, overdose)
Line 22	<p>The questions in Line 22 are from the Beck Suicide Intent Scale and used by behavioral health providers to gauge the intent is not clearly evident from the evidence at the scene. Here are some helpful questions from that scale.</p> <p>Isolation: Was anyone around when the Soldier died?</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Somebody Was Right by Him/Her in the Same Room <input type="checkbox"/> Somebody Was Able to See or Hear Him/Her </div> <div> <input type="checkbox"/> No One Was Around <input type="checkbox"/> Unknown </div> </div> <p>Comment:</p> <p>Timing: Was the Soldier expecting anyone? Had it occurred to the individual <u>then</u> that someone might walk in on them or interrupt them at any time?</p> <div> <input type="checkbox"/> Intervention Was Probable (timed so that someone would be around) <input type="checkbox"/> Intervention Was Not Likely (timed it so that someone might be around, or didn't appear to have thought about timing at all with regard to possible intervention) <input type="checkbox"/> Intervention Was Highly Unlikely (no one could have stopped him/her) <input type="checkbox"/> Unknown </div> <p>Comment:</p> <p>Precautions against discovery/intervention: Did the individual do anything to prevent others from discovering them or finding out about their plans?</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> No Precautions <input type="checkbox"/> Passive Precautions (i.e., avoiding others but doing nothing to prevent their intervention; alone in room with an unlocked door) </div> <div> <input type="checkbox"/> Active Precautions (i.e., locked door) <input type="checkbox"/> Unknown </div> </div> <p>Comment:</p> <p>Acting to get help during the event: Did the individual seek any help?</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Told Someone What He/She Had Done and/or Asked for Help <input type="checkbox"/> Contacted Someone, but Did Not Say What They Had Done </div> <div> <input type="checkbox"/> Did Not Contact or Notify Any Potential Helper <input type="checkbox"/> Unknown </div> </div> <p>Comment:</p> <p>Anticipatory acts: Did the Soldier make any preparations in the event they would not live (i.e., wills, gifts, insurance, arrangements for pets, etc.)?</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None <input type="checkbox"/> Thought About or Made Some Arrangements </div> <div> <input type="checkbox"/> Made Definite Plans or Completed Arrangements (gave things away, said goodbye, etc.) <input type="checkbox"/> Unknown </div> </div> <p>Comment:</p> <p>Active preparatory acts: Did the Soldier make deliberate preparations, for suicide? How much advance preparation did the Soldier engage in prior to the event (i.e., research of methods, efforts to obtain the necessary means or otherwise prepare?)</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None <input type="checkbox"/> Minimal to Moderate </div> <div> <input type="checkbox"/> Extensive <input type="checkbox"/> Unknown </div> </div> <p>Comment:</p> <p>Suicide note: Did the individual leave a note? Did they communicate with someone about their plans?</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> No <input type="checkbox"/> Note Written, but Torn Up, Deleted, or Discarded </div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> Unknown </div> </div> <p>Comment:</p>

	Overt communication of intent before event: Had the individual warned anyone in advance?	
	<input type="checkbox"/> No	<input type="checkbox"/> Unequivocal Communication (deliberate dialogue expressing intent)
	<input type="checkbox"/> Equivocal Communication (ambiguous dialogue could be portrayed as intent, but not deliberate)	<input type="checkbox"/> Unknown
	Comment:	
Line 23	Behavioral/Counseling health treatment history/type (ASAP, Chaplain, Psychologist, etc) <input type="checkbox"/> Within 24 Hours Prior to Event Type: <input type="checkbox"/> Within 72 Hours Prior to Event Type: <input type="checkbox"/> Within 1 Week Prior to Event Type: <input type="checkbox"/> Within 1 Month Prior to Event Type: <input type="checkbox"/> Within 1 Year Prior to Event Type: Physical health treatment history <input type="checkbox"/> Within 24 Hours Prior to Event Type: <input type="checkbox"/> Within 72 Hours Prior to Event Type: <input type="checkbox"/> Within 1 Week Prior to Event Type: <input type="checkbox"/> Within 1 Month Prior to Event Type: <input type="checkbox"/> Within 1 Year Prior to Event Type:	
Line 24	Medications used <input type="checkbox"/> Within 24 Hours Prior to Event Type: <input type="checkbox"/> Within 72 Hours Prior to Event Type: <input type="checkbox"/> Within 1 Week Prior to Event Type: <input type="checkbox"/> Within 1 Month Prior to Event Type: <input type="checkbox"/> Within 90 Days Prior to Event Type: Compliance with prescription (i.e., taken as prescribed, skipped, in excess of prescription?). In different manner (i.e., crushed instead of in capsule)? <input type="checkbox"/> Within 24 Hours Prior to Event Type: <input type="checkbox"/> Within 72 Hours Prior to Event Type: <input type="checkbox"/> Within 1 Week Prior to Event Type: <input type="checkbox"/> Within 1 Month Prior to Event Type: <input type="checkbox"/> Within 90 Days Prior to Event Type:	
Line 25	History of drug and/or alcohol abuse <input type="checkbox"/> Prescription Drug Misuse/Abuse Identify: <input type="checkbox"/> Within 24 Hours Prior to Event <input type="checkbox"/> Within 1 Month Prior to Event <input type="checkbox"/> Within 72 Hours Prior to Event <input type="checkbox"/> Within 1 Year Prior to Event <input type="checkbox"/> Within 1 Week Prior to Event <input type="checkbox"/> More Than 1 Year Prior to Event <input type="checkbox"/> Non-Prescription ("street") Drugs or Over-The-Counter Identify: <input type="checkbox"/> Within 24 Hours Prior to Event <input type="checkbox"/> Within 1 Month Prior to Event <input type="checkbox"/> Within 72 Hours Prior to Event <input type="checkbox"/> Within 1 Year Prior to Event <input type="checkbox"/> Within 1 Week Prior to Event <input type="checkbox"/> More Than 1 Year Prior to Event <input type="checkbox"/> Alcohol Misuse/Abuse <input type="checkbox"/> Within 24 Hours Prior to Event <input type="checkbox"/> Within 1 Month Prior to Event <input type="checkbox"/> Within 72 Hours Prior to Event <input type="checkbox"/> Within 1 Year Prior to Event <input type="checkbox"/> Within 1 Week Prior to Event <input type="checkbox"/> More Than 1 Year Prior to Event	

Line 26	<p>Financial status issues: (check all that apply)</p> <p><input type="checkbox"/> Mortgage Exceeding Value of Property ("underwater" mortgage)</p> <p><input type="checkbox"/> Amount of Monthly Obligations Exceed Amount of Monthly Income From All Sources</p> <p><input type="checkbox"/> Applied/Received Military Loan</p> <p><input type="checkbox"/> Has More Than One Job</p> <p><input type="checkbox"/> Unemployed</p> <p>Duration of unemployment:</p> <p><input type="checkbox"/> Underemployed/Part Time Employment</p> <p>Duration of underemployment/part-time employment:</p> <p><input type="checkbox"/> Service Connected Disability</p> <p>Percent rating?</p> <p><input type="checkbox"/> Involuntarily Separated From Civilian Employment Within Last 6 Months</p> <p><input type="checkbox"/> Laid Off</p> <p><input type="checkbox"/> Fired</p> <p><input type="checkbox"/> Other (Explain):</p> <p><input type="checkbox"/> Evidence of Frustration in Obtaining Employment (Explain):</p>
Line 27	<p>Legal issues/adverse actions - (check all that apply and indicate date and nature of incident)</p> <p><input type="checkbox"/> Non-section for Advanced Schooling, Promotion, or Command</p> <p><input type="checkbox"/> Disciplinary Action</p> <p><input type="checkbox"/> Flagged</p> <p><input type="checkbox"/> Court Martial</p> <p><input type="checkbox"/> Article 15</p> <p><input type="checkbox"/> Article 32</p> <p><input type="checkbox"/> Civilian Criminal Proceeding</p> <p><input type="checkbox"/> Incarceration</p> <p><input type="checkbox"/> Under Investigation</p> <p><input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Security Clearance Issue</p> <p><input type="checkbox"/> Positive Urinalysis</p> <p><input type="checkbox"/> Administrative Separation Action</p> <p><input type="checkbox"/> Barred from Re-enlistment</p> <p><input type="checkbox"/> MEB/PEB</p> <p><input type="checkbox"/> Other Involuntary Separation Action</p> <p><input type="checkbox"/> AWOL/Dropped From Rolls</p> <p><input type="checkbox"/> Arrest</p> <p><input type="checkbox"/> Under Investigation</p> <p><input type="checkbox"/> Charged With Crime (Civilian or Military)</p> <p><input type="checkbox"/> Reckless Driving</p> <p><input type="checkbox"/> DUI/DWI/Public Intoxication</p> <p><input type="checkbox"/> Drug Use/Possession</p> <p><input type="checkbox"/> Drug Distribution</p> <p><input type="checkbox"/> Abuse of Spouse/Significant Other/Child</p> <p><input type="checkbox"/> Other Violent Crime</p> <p><input type="checkbox"/> Other (Explain)</p> <p><input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Divorce</p> <p><input type="checkbox"/> Child Custody Proceeding</p> <p><input type="checkbox"/> Bankruptcy</p> <p><input type="checkbox"/> Other (Explain)</p>

